

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40557

1. PLACE OF DEATH

County Sullivan

Registration District No. 497

Township Dunesville

Primary Registration District No. 4300 A

City Browning Mo

(No. 4)

St.

Ward)

2. FULL NAME

Raymond C. Bailey

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 19 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 22-1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1-882

56

April

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bank

10. Date deceased last worked at this occupation (month and year)

1-9-24

11. Total time (years) spent in this occupation

30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Browning Mo

FATHER

13. NAME

Henry C. Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Waynesburg Mo

MOTHER

15. MAIDEN NAME

Winnie Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Waynesburg Mo

17. INFORMANT (ADDRESS)

C. B. Bailey, Browning Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hoover Cemetery

DATE

Nov 16 1938

19. UNDERTAKER (ADDRESS)

L. H. Hunsicker, Browning Mo.

20. FILED

Nov 30 1938

Miss L. H. Hunsicker, Browning Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1938, to November 11, 1938

I last saw him alive on November 11, 1938 Death is said

to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic dilatation

Date of onset

1930

Other contributory causes of importance:

Diarrhea

1937-38

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

J. R. McAuley

M. D.

(Address)

Browning Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-667

Date Filed 12-10-38